



Michigan Department of Education
Office of Special Education & Early Intervention Services
**TEMPORARY APPROVAL FOR OUT-OF-STATE SCHOOL SOCIAL
WORKER POSITIONS**
Policy & Criteria

Policy:

1. A request for approval as an out-of-state trained School Social Worker is initiated by the candidate.
2. Temporary approval as a School Social Worker in Michigan is transferable from one employer to the next.
3. Temporary approval as a School Social Worker in Michigan expires at the end of the school year in which it is issued.
4. A request for approval must be received by the Michigan Department of Education during the school year (July 1 to June 30) in which the effective date applies. Approval requests received after June 30 of the applicable school year will not be processed.
5. Temporary approval as a School Social Worker in Michigan is effective from the beginning of the school year in which it is requested, the date that the candidate completed all training requirements, or the date of employment in the position of School Social Worker, whichever is later.

Criteria:

1. The candidate initiates the request for temporary approval as an out-of-state School Social Worker upon completion of all training requirements:
 - a. Master's degree from an accredited school of social work; and
 - b. University recommendation as to your skill as a School Social Worker, and verification of a university supervised practicum of at least 500 clock hours. This recommendation will also require that the university School Social Work Trainer fill out a minimal competency packet attesting to competency. The person requesting approval as a School Social Worker will be responsible for getting the packet to his/her Trainer.



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Procedures

The candidate must:

1. Initiate the request by having their out-of-state training institution complete the Michigan Department of Education, Office of Special Education and Early Intervention Services (MDE – OSE/EIS) competency form. The completed form should be forwarded from the out-of-state training institution to the MDE – OSE/EIS.
2. Provide the following documentation:
 - A Vita describing academic and profession career; and
 - An OFFICIAL transcript forwarded by the training institution directly to the Michigan Department of Education. Showing completion of a Master's degree from an accredited School of Social Work.
3. Forward all materials to the Michigan Department of Education, Office of Special Education and Early Intervention Services, Approvals Unit, P.O. Box 30008, Lansing, MI 48909.

MDE – OSE/EIS will:

1. Review request;
2. Make an approval decision; and
3. Send a Letter of Approval to candidate.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

MEMORANDUM

TO: Out-Of-State Institutions of Higher Education School Social Workers
Trainer(s)

FROM: Ann Omans, Supervisor, Program Accountability Unit
Office of Special Education and Early Intervention Services

SUBJECT: Michigan School Social Work Approval for Out-of-State Trained Candidates

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

As Michigan University Social Work Training Programs are under a competency based model, the State of Michigan is requiring that all out-of-state trained School Social Workers have the attached minimal competencies verified by the training Institution (School Social Work Trainer) that trained the candidate as a School Social Worker. While a person is not expected to be an expert in all of these areas, the prospective candidate should have had some experience with all of them and your further skills might need to be developed. Even though, this will require some time on your part, we feel this is necessary within our state. Please complete the attached forms and return all of them to the following address:

Roxanne Balfour, Departmental Specialist
Michigan Department of Education
Office of Special Education & Early Intervention Services
Program Accountability Unit – Approvals
P.O. Box 30008 – Lansing, MI 48909

For further explanation, the subheading Method of Evaluation would normally include such things as the following: courses, internship or practicum, previous experience, comprehensive evaluation or other.

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STATE OF MICHIGAN
COMPETENCY BASED SCHOOL SOCIAL WORK EVALUATION FORM
FOR OUT-OF-STATE TRAINED CANDIDATES
(To be completed ONLY by School Social Work Training Personnel)

Please check the appropriate response as: Satisfactory (S), Unsatisfactory (U) Not Completed or Needs Further Work (NC). Also, please feel free to comment in the space provided after each criterion.

Rule 340.1014. Competencies of School Social Worker. (1) A School Social Worker shall possess applicable knowledge of:

(a) Individual, family, group, and community dynamics, as well as mental health concepts and behavior which result from mental, physical, sensory, emotional, speech, or any other handicapped conditions.

S U NC
____ _ Method of Evaluation: _____ Course No. _____

(b) Educational organization, delivery systems, and the school as a social institution.

S U NC
____ _ Method of Evaluation: _____ Course No. _____

(c) Varying life styles, and their influence and counter-influence on learning and school-community relations

S U NC
____ _ Method of Evaluation: _____ Course No. _____

(d) The learning process as it relates to the developmental stages of children.

S U NC
____ _ Method of Evaluation: _____ Course No. _____

(e) Learning patterns, including actual and potential impediments to learning.

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(f) The legislative process and impact of law on education

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(g) Structure, function and policy of major human services organizations.

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(h) Value and ethical constraints within which the social work profession operates.

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(i) Research, evaluation, tests and measurements.

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

Yes

No

_____ Does your institution of higher education currently operate a graduate School of Social Work accredited by the Council on Social Work Education?

_____ Did this candidate complete at least 500 clock hour supervised practicum in social work?

_____ Did this candidate graduate from your program?

Date of Graduation: _____

I am recommending the following:

_____ Temporary Approval (Full approval is contingent on one year of successful experience as a School Social Worker in Michigan).

_____ No Approval.

Please Print or Type the following information:

Trainer's Name: _____ Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Trainer Signature: _____ Date: _____